

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3	1					
4	1					
5	1					
6	5					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
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TOTAL IND.	3					
TOTAL DEP.	29					
TOTAL CLAIMS	32					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						